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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : AR LAW GROUP PLLC Account Number : I20230000079 Phone : (305)433-7701 Fax Number : (305)433-7709

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: adrian@arlawgroupfl.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN A&Y PROPERTY INVESTMENT LLC

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COVER LETTER

TO:	Registration Sec Division of Corp			
OLUB PC		ERTY INVESTMENT LLC		
SUBJE	C1:	Name of Lim	ited Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are sub	emitted for filing.	
Please r	etum all correspor	ndence concerning this matter	to the following:	
		Adrian Lores de la Pena		
			Name of Person	
		AR LAW GROUP PLLC		
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		8785 SW 165TH AVE, ST	TE 103	
			Address	
		Miami, Florida 33193		
			City/State and Zip Code	
		adrian@arlawgroupfl.com		
			(to be used for future annual report notification)	
For furt	her information co	oncerning this matter, please co	all:	
Adrian	Lores de la Pena		786 636-1001 Ext 105	
	Name of	Person	Area Code Daytime Telephone Number	
Enclose	d is a check for th	e following amount:		
■ \$25	i.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certified Copy (additional copy is enclosed) Certified Copy (additional copy	Status &
	Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

1-Jul-2024 _ 15:20 13054337709 Fax p.4

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

A&Y PROPERTY INVESTMENT LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our rec I Liability Company)	ords.)
The Articles of Organization for this Limited Liability Compan	y were filed on	and assigned
Florida document number L23000260130		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "l	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		<u>~</u> %
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		i= 1
	address on our records, <u>en</u>	ter the name of the new registered
		10:
Name of New Registered Agent:	*************	
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·
	Enter Florida street ade	iress .
	,	Florida
Florida document number L23000260130 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MRG	YINA J ZALDIVAR	8304 OMAHA CIRCLE	□Add
		SPRING HILL, FL 34606	■ Remove
			□Change
			□Add
			□Remove
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ffectiv	ve date, if other than the	date of Illiny:	28, 2024		optional)	SAS 0207 .
Note: I	ctive date is listed, the date multi- if the date inserted in this bi- mt's effective date on the D	lock does not meet the	c applicable statutor	y filing requirement	this date will not be l	isted as 1
record d is file	l specifies a delayed effectived.	ve date, but not an effe	ective time, at 12:01	a.m. on the earlier	of: (b) The 90th day a	fler the
Dated _	this 28th day of June	202	4			
	4		<u> </u>			

Typed or printed name of signee